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SUBJECT: DARFUR - WATER, SANITATION, AND HYGIENE UPDATE

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Summary

¶1. From November 11 to 24, a water, sanitation, and hygiene specialist from USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) traveled to North and South Darfur to evaluate the effectiveness of ongoing USAID-funded programs and make recommendations for future interventions. The USAID/OFDA specialist reported that all non-governmental organizations (NGOs) are implementing water and sanitation interventions in a satisfactory manner. Major challenges face implementing agencies in Darfur, including insecurity and the increasing water, sanitation, and hygiene needs resulting from continued and new population displacements. Sectoral coordination and interventions have improved in the past year, despite the limitations created by insecurity. The USAID/OFDA specialist reported that agencies are rapidly assessing the needs of displaced populations and implementing effective activities. The primary focus for the water, sanitation, and hygiene sector continues to be delivery of comprehensive, well coordinated interventions to internally displaced person (IDP) populations in camps and large host communities. The major challenges facing the sector in 2008 will be increased needs from newly displaced populations and aging camp infrastructure. End Summary.

Background

¶2. The USAID/OFDA specialist met in Khartoum with representatives from the UN Children's Fund (UNICEF), UN Educational, Scientific, and Cultural Organization (UNESCO), and the UN Environment Program (UNEP). In Darfur, the USAID/OFDA specialist met with representatives from UNICEF, the UN World Health Organization (WHO), and the UN Office for the Coordination of Humanitarian Affairs (OCHA), as well as USAID implementing partners International Rescue Committee (IRC), CARE, Action Contre la Faim (ACF), American Refugee Committee (ARC), World Relief, GOAL, Mercy Corps, and World Vision. In addition, the specialist met with three other NGOs not funded by USAID: Medecins Sans Frontieres/Holland (MSF/H), Oxfam, and Triangle.

¶ 13. The USAID/OFDA specialist visited several IDP camps, including As Salaam and Abu Shouk in North Darfur and Otash, Derieg, and Sakali Old Camp in South Darfur. Security issues in Darfur limited access to rural project sites and prevented a more comprehensive assessment of USAID-funded activities. The specialist previously traveled to Darfur to conduct similar humanitarian assessments for USAID in June 2004, May 2005, and May 2006.

¶ 14. In Fiscal Year (FY) 2007, USAID/OFDA provided USD 24.2 million to support water, sanitation, and hygiene activities in Darfur. Funding in this sector represents approximately 24 percent of USAID/OFDA's total budget for non-food humanitarian assistance in Darfur.

Findings

¶ 15. According to the specialist's assessment, all USAID-funded organizations visited in Darfur are implementing effective water, sanitation, and hygiene interventions, despite the chronic challenges of insecurity, logistics, and bureaucratic impediments. However, recent increases in IDP populations resulting from relocation and new displacement have created an increased need for water, sanitation, and hygiene interventions. Meeting these unforeseen needs has budget implications that may limit the successful delivery of services for additional influxes of IDPs. Replacing aging camp infrastructure is also an increasing financial burden for organizations.

¶ 16. COORDINATION: All NGOs interviewed stated they deliver a standardized comprehensive water, sanitation, and hygiene program either independently or in conjunction with other NGOs. This coordination has resulted in a significant improvement in services since 2006. UNICEF's leadership in the sector is satisfactory, according to the specialist. Agencies use sector coordination meetings and related workgroups, which were formed to address critical issues, to effectively solve water and sanitation problems

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throughout the region. The presence of UNICEF and WHO technical staff are instrumental in improving sectoral coordination.

¶ 17. TECHNICAL CAPACITY: The technical staff of UNICEF and WHO offer expert advice to the NGO community, facilitate meetings, and lead work sessions that address critical water and sanitation needs. Their knowledge and experience has assisted in implementation of comprehensive NGO programs. In 2007, UNICEF and Oxfam developed 14 technical guidance manuals on water, sanitation, and hygiene that are now undergoing final NGO review. The manuals will be adopted as best practice guidance for water, sanitation, and hygiene in Darfur and will help to standardize and improve interventions.

¶ 18. HEALTH AND HYGIENE PROMOTION: In 2007, the water, sanitation, and hygiene sector improved the delivery of health and hygiene services. NGOs promote hygiene in concert with other interventions, not as separate programs as in the past. The health and hygiene programs include strong tools -- such as knowledge, attitudes, and practice (KAP) surveys -- that NGOs use to evaluate the effectiveness of their interventions. Camp hygiene promoters partner closely with water program staff to ensure maximum impact. Water and hygiene staff work together to conduct household water sampling and initiate campaigns to clean water containers and disinfect water.

¶ 19. CHOLERA OUTBREAK AVOIDED: During the 2006 Darfur cholera outbreak, WHO recorded 2,768 cases of acute watery diarrhea. This was avoided in 2007 through an aggressive hygiene promotion and water disinfection campaign prior to the rainy season that monitored water supplies daily and chlorinated all water supplies. Chlorination monitors were stationed at hand pumps to educate the public and disinfect water in household containers. Hygiene promoters visited homes to test water supplies and educate residents on cholera prevention. The campaign was implemented by UNICEF, the Government of National Unity's Office of Water and Environmental Sanitation (WES), and other organizations and was co-funded by

USAID/OFDA. To date in 2007, WHO has not reported any cases of acute watery diarrhea or cholera throughout Darfur, indicating a significant achievement for the humanitarian community.

¶10. DRINKING WATER: NGOs are meeting Sphere standards for water quality and quantity in all stable camp environments. Large influxes of IDPs due to insecurity temporarily overburden water supplies, but relief agencies rapidly expand services to meet the changing needs. In 2008, improving water quality at the household level is a critical objective for the sector. In 2007, the sector discovered that water samples taken at homes were contaminated despite chlorination at watering points, which dispensed decontaminated water. In some camps in North Darfur, more than 90 percent of water tested at households was found to have bacterial contamination. The sector is addressing this with large-scale household water sampling, hygiene education, and jerry can cleaning and exchange campaigns. These efforts have decreased the rate of contaminated household water supplies dramatically, to as low as 5 percent in some camps.

¶11. GROUNDWATER MONITORING: In June, with support from USAID/OFDA, UNICEF implemented a water well monitoring program to evaluate water extraction rates and sustainability of groundwater resources. UNICEF is providing ground water measuring equipment and training to NGOs. UNICEF hopes to gather enough data in 2008 to develop camp water resource management guidance and develop water shortage contingency plans. (Note: In FY 2007, USAID/OFDA began requiring all partners in the water, sanitation, and hygiene sector to monitor wells. End Note.)

¶12. SANITATION: NGOs are meeting Sphere standards for latrine usage in all stable camp environments. As with water resources, large influxes of IDPs due to insecurity temporarily overburden camp sanitation services, but relief organizations rapidly take action to meet the changing needs. Latrine construction is costly and unforeseen increases in camp population impact NGOs' budgets.

¶13. SOLID WASTE COLLECTION: Solid waste collection involves either removing the solid waste from camp or burning the waste in the camp at designated sites. NGO staff interviewed stated that their organizations all implement solid waste activities as part of the comprehensive water, sanitation, and hygiene program, but the USAID/OFDA specialist noted that some improvements were needed in this area.

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¶14. SUSTAINABILITY: In 2007, UNICEF and some USAID-funded NGOs have piloted programs to transfer the delivery of water, sanitation, and hygiene interventions to camp residents through use of water committees. NGOs provide oversight, guidance, evaluation, and material support to the committees. Camp residents have generally accepted this, but a few camps have been less enthusiastic. This transfer of service delivery is motivated by the recognition that funding and operations are temporary. The transfer of services appears to have increased the sustainability of some water, sanitation, and hygiene camp operations. For example, from the end of October to mid-November in Kalma IDP camp, NGOs evacuated the camp, but water facilities continued to operate until fuel ran out and were protected by water committees during the absence of NGOs.

Conclusions

¶15. In general, the water, sanitation, and hygiene sector is meeting international standards for emergency response in Darfur. While insecurity and new displacement continue to present challenges for relief operations, agencies working in the water, sanitation, and hygiene sector have responded rapidly and effectively in 2007. In Darfur, the sector has high levels of technical capacity and agencies have a proactive approach to hygiene promotion, which has resulted in preventing a cholera outbreak following the 2007 rainy season.

FERNANDEZ